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| Case Number: | CM14-0054550 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 08/19/2013 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 04/04/2014 |
| Priority: | Standard | Application Received: | 04/23/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old female, who sustained an industrial injury on August 19, 2013. She reported low back and right leg pain. The injured worker was diagnosed as having lumbar sprain and lumbar radiculopathy. Treatment to date has included diagnostic studies, physical therapy without benefit and medication. On January 7, 2014, an MRI of the lumbar spine showed disc desiccation at L4-L5 and L5-S1, straightening of the lumbar lordotic curvature, L5-S1 broad-based disc protrusion which indents the thecal sac. On March 7, 2014, the injured worker complained of pain, episodes of catching and giving way, tenderness, limitation of motion and weakness in the lumbar spine with radiation of pain into both buttocks and thighs with radiating pain, numbness and tingling into both lower extremities, left more so than the right. Lumbar spine symptoms were noted to worsen with activity and were somewhat relieved with rest. The mechanical lumbar spine pain was noted to be more troublesome than the radicular pain. Physical examination of the lumbar spine showed tenderness to palpation over the lumbar paravertebral area with moderate spasm noted. There was tenderness over the paraspinal muscles over the lower spine. Lumbar spine range of motion was flexion 55 degrees, extension 10 degrees, right lateral flexion 10 degrees, left lateral flexion 10 degrees, right rotation 10 degrees and left rotation 10 degrees. Notes stated that considering lower extremity symptoms and lack of improvement with conservative treatment, at least one lumbar epidural steroid injection at L5-S1 was recommended. On April 4, 2014, utilization review denied a request for one lumbar epidural steroid injection at L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar Epidural Steroid Injection at the L5-S1 x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, epidural injections are indicated if there are radicular signs confirmed by imaging. In this case, an MRI of the lumbar spine in January 2014 did not show impingement of the spinal cord. In addition, the ACOPEM guidelines do not recommend ESIs due to their short-term benefit. Based on the above, the request for the injections is not medically necessary.